

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032902

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7521

VS 300  
Rev. 4/59

1

28/12/79

3

4

5

6

7

8

9

10

11/8/72

12/81-3

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 10 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Luke's HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Illinois b. COUNTY Williamsonc. CITY  
OR TOWN MarionInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
303 N. Logan St.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First James

Middle Leon

Last Simmons

4. DATE  
OF DEATH

Month July

Day 28

Year 1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
5/30/19199. AGE (last birthday)  
43IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Painter10b. KIND OF BUSINESS OR INDUSTRY  
Decorating11. BIRTHPLACE (City and state or country)  
West Frankfort, Ill.12. CITIZEN OF WHAT COUNTRY  
U.S.

13a. FATHER'S NAME

W.E. Simmons

13b. MOTHER'S MAIDEN NAME

Opal Poteete

14. NAME OF HUSBAND OR WIFE

Winifred

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv.)  
Yes No ☒ ☐

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Winifred Simmons, Marion, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

Fracture of the skull with subdural and  
extra-dural hemorrhage; Exact time and  
place and manner could not be determined.INTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

OPEN VERDICT

PART III: If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

OPEN VERDICT

904.9 - 45 See above

20c. TIME OF  
INJURY Hour  
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Marion, Illinois

21. I attended the deceased from

355 P.

and last saw him alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor Carver

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

7-31-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Removal

23b. DATE

7-31-62

23c. NAME OF CEMETERY OR CREMATORY

Boner Cemetery

23d. LOCATION (City, town, or county)

Franklin Co., Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd,

25. DATE RECD. BY LOCAL REG.

JUL 31 1962

26. REGISTRAR'S SIGNATURE

Boat Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James Benbley*

Licensed Embalmer No. *3053*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.